

APPENDIX A**Most Frequently Asked Questions Concerning the Bloodborne Pathogens Standard****Introduction.**

On December 6, 1991, the OSHA promulgated the Occupational Exposure to Bloodborne Pathogens Standard. This standard is designed to protect approximately 5.6 million workers in health care and related occupations from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus and the Hepatitis B Virus.

As a result of the standard, numerous questions have been received on how to implement the provisions of the standard. The purpose of this appendix is to provide answers to some of the more commonly asked questions related to the Bloodborne Pathogens Standard. It is not intended to be used as a substitute for the standard's requirements.

Who is covered by the standard?

The standard applies to all employees who have occupational exposure to blood or OPIM. Occupational exposure is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee's duties." Blood is defined as human blood, human blood components, and products made from human blood.

Other potentially infectious materials is defined as the following human body fluids: saliva in dental procedures, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; along with all body fluids in situations where it is difficult or impossible to differentiate between body fluids; unfixed human tissues or organs (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture media or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Are volunteers and students covered by the standard?

Volunteers and students may be covered by the standard depending on a variety of factors including compensation.

We have employees who are designated to render first aid. Are they covered by the standard?

Yes. If employees are trained and designated as responsible for rendering first aid or medical assistance as part of their job duties, they are covered by the protections of the standard. However, OSHA will consider it a "de minimis" violation - a technical violation carrying no penalties - if employees, who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that a number of conditions are met. In these circumstances, no citations will be issued.

The "de minimis" classification for failure to offer hepatitis B vaccination in advance of exposure does not apply to personnel who provide first aid at a first aid station, clinic, or dispensary, or to health care emergency response, or public safety personnel, expected to render first aid in the course of their work. Exceptions are limited to persons who render first aid only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. To merit the "de minimis" classification, the following conditions must be met:

- Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during which the incident occurred.

- Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time, as well as a determination of whether an exposure incident, as defined in the standard, has occurred.

- Exposure reports must be included on the list of such first aid incidents, and must be made readily available to all employees and provided to OSHA upon request.

- First aid providers must receive training under the Bloodborne Pathogens Standard that covers the specifics of the reporting procedures.

- All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must have the vaccine made available to them as soon as possible, but in no event later than 24 hours after the exposure incident. If an exposure incident as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

Are employees such as housekeepers, maintenance workers, or janitors covered by the standard?

Housekeeping workers in healthcare facilities may have occupational exposure to bloodborne pathogens, as defined by the standard. Individuals who perform housekeeping duties, particularly in patient care and laboratory areas, may perform tasks such as cleaning blood spills and handling regulated wastes, which constitutes occupational exposure. While OSHA does not generally consider maintenance personnel and janitorial staff employed in non-healthcare facilities to have occupational exposure, it is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure. For example, OSHA expects products such as discarded sanitary napkins to be discarded into waste containers, which are lined in such a way as to prevent contact with the contents. But at the same time, the employer must determine if employees can come into contact with blood during the normal handling of such products from initial pick-up through disposal in the outgoing trash. If OSHA determines, on a case-by-case basis, that sufficient evidence of reasonably anticipated exposure exists, the employer will be held responsible for providing the protections of 29 CFR 1910.1030 to the employees with occupational exposure.

What is an exposure control plan?

The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize employee exposure to blood and OPIM. The exposure control plan must contain at a minimum: (1) The exposure determination which identifies job classifications and, in some cases, tasks and procedures where there is occupational exposure to blood and OPIM; (2) the procedures for evaluating the circumstances surrounding an exposure incident; and (3) a schedule of how and when other provisions of the standard will be implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure follow-up, communication of hazards to employees, and record keeping.

***Note:** The Exposure Control Plan for FSH, AMEDDC&S, and BAMC are listed in the respective references outlined in paragraph 4.*

How often must the exposure control plan be reviewed?

The standard requires an annual review of the exposure control plan. In addition, whenever changes in tasks, procedures, or employee positions affect or create new occupational exposure, the existing plan must be reviewed and updated accordingly.

Must the exposure control plan be accessible to employees?

Yes, the exposure control plan must be accessible to employees, as well as to OSHA and National Institute of Occupational Safety and Health (NIOSH) representatives. The location of the plan may be adapted to the circumstances of a particular workplace, provided that employees can access a copy at the workplace during the work shift. If the plan is maintained solely on computer, employees must be trained to operate the computer. A hard copy of the exposure control plan must be provided within 15 working days of the employee's request.

What should be included in the procedure for evaluating an exposure incident?

The procedure for evaluating an exposure incident shall include:

- The engineering controls and work practices in place.
- The protective equipment or clothing used at the time of the exposure incident.
- An evaluation of the policies and failures of controls at the time of the exposure incident.

What is meant by the term Universal Precautions? (Note: Now "Standard Precautions".)

Universal Precautions is an OSHA's required method of control to protect employees from exposure to all human blood and OPIM. The term, "Universal Precautions," refers to a concept of bloodborne disease control which requires that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

What are engineering controls?

The term, "Engineering Controls," refers to controls (e.g., sharp disposal containers, needleless systems, self-sheathing needles), that isolate or remove the bloodborne pathogens hazards from the workplace.

Can employees of an ambulance medical rescue service eat or drink inside the cab of the unit?

Employees are allowed to eat and drink in an ambulance cab only if the employer has implemented procedures to permit employees to wash up and change contaminated clothing prior to entering the ambulance cab, has prohibited the consumption, handling, storage, and transport of food and drink in the rear of the vehicle, and has procedures to ensure that patients and contaminated materials remain behind the separating partition.

What alternatives are acceptable if soap and running water are not available for hand washing?

Antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes are examples of acceptable alternatives to running water. However, when these types of alternatives are used, employees must wash their hands (or other affected areas) with soap and running water as soon as feasible. This alternative would only be acceptable at work sites where soap and running water are not feasible.

Who is responsible for providing PPE?

The financial responsibility for repairing, replacing, cleaning, and disposing of PPE rests with the employer. The employer is not obligated under the standard to provide general work clothes to employees, but is responsible for providing PPE. If laboratory jackets or uniforms are intended to protect the employee's body or clothing from contamination, they are to be provided by the employer.

Does protective clothing need to be removed before leaving the work area?

Yes. OSHA requires that PPE be removed prior to leaving the work area. While "work area" must be determined on a case-by-case basis, a work area is generally considered to be an area where work involving occupational exposure occurs or where the contamination of surfaces may occur.

What type of eye protection do I need to wear when working with blood or OPIM?

The use of eye protection would be based on the reasonable anticipation of facial exposure. Masks in combination with eye protection devices such as glasses with solid side shields, goggles, or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of blood or OPIM may be generated, and eye, nose or mouth contamination can be reasonably anticipated.

What type of disinfectant can be used to decontaminate equipment or working surfaces that have come in contact with blood or OPIM?

Environmental Protection Agency (EPA) registered tuberculocidal disinfectants are appropriate for the cleaning of blood or OPIM. A solution of 5.25 percent sodium hypochlorite, (household bleach), diluted between 1:10 and 1:100 with water, is also acceptable for cleaning contaminated surfaces. Quaternary ammonium products are appropriate for use in general housekeeping procedures that do not involve the clean-up of contaminated items or surfaces. The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which a given housekeeping task occurs (i.e., location within the facility, type of surface to be cleaned, type of soil present, and tasks and procedures being performed). The employer's written schedule for cleaning and decontamination should identify such specifics on a task-by-task basis.

What does OSHA mean by the term "regulated waste"?

The Bloodborne Pathogens Standard uses the term, "regulated waste," to refer to the following categories of waste which requires special handling at a minimum; (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM.

Are feminine hygiene products considered regulated waste?

OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood. The absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. OSHA expects these products to be discarded into waste containers that are properly lined with plastic or wax paper bags. Such bags should protect the employees from physical contact with the contents. At the same time, it is the employer's responsibility to determine the existence of regulated waste. This determination is not based on actual volume of blood, but rather on the potential to release blood, (e.g., when compacted in the waste container). If OSHA determines, on a case-by-case basis, that sufficient evidence of regulated waste exists, either through observation, (e.g., a pool of liquid in the bottom of a container, dried blood flaking off during handling), or based on employee interviews, citations may be issued.

What does OSHA mean by the term "contaminated laundry?"

Contaminated laundry means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

What is AIDS?

Acquired immune deficiency syndrome (AIDS) is a disease complex characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with AIDS are vulnerable to one or more unusual infections or cancers that do not pose a threat to anyone whose immune system is working normally.

What causes AIDS?

AIDS is caused by a virus. This virus was discovered simultaneously in France, where it was named lymphadenopathy- associated virus (LAV); and in the United States, where it was given the name human T-lymphotropic virus, Type III (HTLV-III). Today, the World Health Organization has agreed to call this virus human immunodeficiency virus, or HIV. Infection with HIV does not always lead to AIDS. Researchers are studying whether other co-factors may be necessary to trigger the onset of the symptoms, opportunistic infections or cancers associated with AIDS. Some people with HIV remain in good health, while others may develop relatively mild symptoms we call AIDS Related Complex (ARC), and others go on to develop AIDS.

How contagious is AIDS?

Unlike many communicable diseases -- colds, flu, measles, etc., --AIDS is not

transmitted through sneezing, coughing, eating or drinking from common utensils, or merely being around an infected person for a long time. After more than five years of experience, it is evident that casual contact with AIDS patients does not place others at risk. No cases have been found where AIDS has been transmitted through casual (non-sexual) contact to a household member, relative, co-worker or friend. Health care workers and others who care for AIDS patients on a daily basis have not become ill through routine contact.

How is AIDS transmitted?

AIDS is not an easily transmissible disease. All evidence indicates that AIDS is spread through sexual contact, needle sharing or less commonly through transfusions of blood or blood components before blood screening began in 1985. It can also be passed from an infected mother to her unborn child. Direct blood-to-blood or vaginal secretion/semen-to-blood contact appears necessary to transmit the virus associated with AIDS. There is no evidence that AIDS can be transmitted through air, water, food or casual body.

Is AIDS passed by kissing?

HIV has been found in the saliva of some AIDS patients, but there is not a single case of AIDS that is known or suspected of having been transmitted by kissing. If AIDS were transmitted by kissing, many family members of persons with AIDS would be expected to have developed the condition. This has not occurred.

Can you get AIDS by drinking or eating from the same glass or dishes as a person with AIDS?

No. Experience indicates that AIDS is not transmitted in households where people may drink or eat from common dishes or utensils. The virus associated with AIDS does not survive long outside of the body and would be killed by normal washing of dishes and other eating utensils.

Can you get AIDS from public toilets, drinking fountains, telephones or public transportation?

No. AIDS is not transmitted through the air, food or water, or by touching any object handled, touched or breathed on by an AIDS patient. The virus associated with AIDS does not survive well outside of the human body, and cannot infect you unless it is injected into the bloodstream.

Can you get AIDS from eating in a restaurant where someone with AIDS is a cook or waiter?

No. Eating in restaurants does not increase the risk for AIDS. There are no cases of AIDS that have been transmitted through food preparation or food handling, since there is no way for an infected cook or waiter's blood or semen to get into the bloodstream of a restaurant patron.

Can you get AIDS by touching someone who has it?

No. After more than five years of experience, there is no indication that AIDS is spread through any form of casual contact, including handshakes, bumping together in crowds, contact sports, or even casual kissing.

Can AIDS be spread by swimming pools?

No. There are no cases of AIDS suspected of having been transmitted through swimming pools. The virus associated with AIDS would be killed by the chlorine used to disinfect swimming pools.

Can you get AIDS from trying on clothes in a department store?

No. AIDS is not transmitted through the air or by touching any object used or touched by a person with AIDS.

Can you get AIDS from handling money?

No. More than five years of experience indicates that AIDS is not transmitted through objects touched by a person with AIDS.

Can you get AIDS from using someone's razor or toothbrush?

We don't know for sure, but we think that it is not likely, since it appears to take direct infusion of infected blood into the bloodstream to transmit the disease. It would, however, be prudent to avoid sharing of instruments where blood-to-blood contact could occur.

Can mosquitoes transmit AIDS?

No. Mosquitoes bite people of all ages. We find AIDS in mature sexually active adults. If mosquitoes could transmit AIDS, we would have more cases in children, old people, people who are not gay or bisexual or who are not IV drug users. HIV only lives for a short time and does not reproduce in an

insect. It does not seem to have the genetic biochemical mechanisms necessary to survive, reproduce and be transmitted by a mosquito. So, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and therefore, cannot transmit HIV to the next human it feeds on or bites.

Can AIDS be spread through droplets such as from sneezing or tears. What about saliva?

Although small amounts of AIDS virus have been isolated in saliva and tears of infected people, five years of intense study of this epidemic reveal that AIDS is not spread this way. First and foremost, we have the evidence of who gets AIDS and who does not. If it could be spread through sneezing, saliva and tears, then surely household members of infected persons would show evidence of infection or exposure. Studies of over 350 household members show that this has not happened.

Secondly, we know that the amount of virus in saliva and tears is small to non-existent -- it's only been found in some cases, although the media tended to over-emphasize this fact and many people became frightened. Even if a person did have the virus in his/her saliva, it would still have to get into someone's bloodstream, directly, in order to be a risk. It is unlikely that anyone will spit or cry into someone else's open wound.

Can you get AIDS from a gay friend or co-worker?

AIDS is not transmitted through casual contact. After more than five years of experience, no cases of AIDS have developed among casual friends or co-workers of AIDS patients. There is no evidence that being around someone with AIDS,

even for an extended period of time, puts you at risk for AIDS. Of course, not all gay men have AIDS. But almost anyone could be carrying the HIV virus. Thus, it is fortunate that only sexual contact or needle sharing can transmit the virus.

What is the risk of living in a neighborhood that has a hospital or home for AIDS patients?

None, since AIDS is not transmitted through the air or through casual contact.

Have any non-sexual household contacts of AIDS patients become antibody positive?

In no case of actual AIDS has transmission been traced to non-sexual contact with an AIDS patient in the household. As far as antibody positive status, seven studies were done involving 350 family members of over 100 AIDS patients (most of them children). None of these family members were HIV positive. The only family members who have ever been reported to be HIV positive were sexual partners, children born to an infected mother, or adults in the family who used IV drugs or were gay or bisexual men.

Are people in certain cities such as San Francisco and New York City at higher risk?

People who live in or visit cities with high numbers of AIDS cases need to practice safe sex and must not share needles. A large number of AIDS cases in a given area implies that there is a large number of infectious people in that area.

What about breast milk, can a nursing child develop AIDS if the mother is infected?

The AIDS virus has been found in the breast milk of HIV positive mothers. HIV positive mothers are recommended by the Centers for Disease Control and Prevention not to breast-feed infants.

If a child is bitten by another child with AIDS, what is the possibility of transmission?

While HIV virus has been identified in saliva, there are no cases of AIDS having been transmitted through a bite. Transmission of the virus appears to require direct blood-to-blood or semen (vaginal secretions)-to-blood contact.

Suppose my child became a regular playmate of a child with AIDS?

Casual contact, even over a long period of time, is not regarded as dangerous, primarily because no child in the family of an AIDS victim has been known to contract HIV infection through day-to-day activities or contact.

What if my child is in a classroom with an AIDS patient who threw up or had diarrhea?

Care should be taken to minimize direct exposure to bodily secretions or excretions from any ill person. Persons cleaning up such secretions are advised to wear gloves and to use a solution of household bleach and water (diluted 1 part bleach to 10 parts water) as a disinfectant.

While these precautions are recommended, it should be noted that no cases of

AIDS have ever been linked with exposure to urine, saliva, vomit or feces. The body secretions linked with AIDS are blood and semen/vaginal secretions. Also, the vomitus or stool, even if it carried virus, would not easily get into the bloodstream of another child.

Since AIDS is transmitted through blood contact, could a child get it through a schoolyard fight or during a contact sport like football?

There is no evidence of AIDS transmission through a sports injury. Blood transfusions have transmitted the virus associated with AIDS, as have dirty needles shared by IV drug abusers, but that is not the same thing as external contact with blood as might occur in a sports injury.

If AIDS cases increase in the next year, will that mean more kids with AIDS will be attending school?

AIDS cases in general are expected to increase over the next year, but the number of cases among school-age children is not expected to rise as fast. Children who are infected at or before birth only live an average of two years. Cases among children resulting from transfusions of blood and blood products are expected to decrease as a result of testing blood supplies for antibodies to HIV.

AIDS virus - can it live outside the body? For how long?

AIDS, like most other viruses, can live outside the body for a short period of time, but it can be completely inactivated by a 1:10 solution of bleach and water, within one minute of exposure. But remember, AIDS must get into the bloodstream for a person to become infected. Merely coming into contact with the skin will not cause infection because the skin acts as a barrier, both in terms of keeping the infection within an infected individual, and keeping the infection out of a non-infected individual.

What precautions should families caring for AIDS patients take?

The first thing to remember is that just as you cannot get AIDS from casual contact with a person who has AIDS, or from a person who is healthy but is HIV positive (carries the virus), you also are not going to get AIDS from a person with AIDS in your home. However, when a person becomes very ill, he or she is likely to require more intimate kinds of contact -- cleaning open sores, cleaning after loss of bowel or bladder control, cleaning bedpans, etc. So, the CDC has prepared recommended guidelines for health care workers that could apply as well to family members or friends caring for someone in the home. These are basically: avoid injury with needles or sharp instruments such as razors -- do not recap needles; flush blood and body fluids down the toilet; wrap disposable items that are soiled with blood in double plastic bags before disposal; clean up blood spills or other body fluids with soap and water followed by a household disinfectant such as a 1:10 solution of bleach and water.

How should blood spills be cleaned up?

Any spills of body fluids should be cleaned using a freshly prepared (once daily) 10% solution of household bleach.

If AIDS is only spread through sex, or sharing needles, or perinatally, then why does the CDC recommend such strict guidelines for health care workers like wearing gloves, etc.?

The CDC guidelines for health care workers are based on the guidelines for working with patients who have hepatitis B. The idea is to err on the side of safety -- to be on the safe side. But hepatitis B is much easier to catch than AIDS. The main reason for the use of gloves, double bagging soiled sheets, etc., is in case a health care worker has a cut or abrasion on the hand. Masks would only be necessary in a case where blood was actually being spattered. For the most part, a health care worker should avoid gloves, gowns and masks because they are unnecessary and result in frightening and alienating the patient.

Is the new blood screening test 100% effective?

All studies indicate that the HIV antibody test is highly effective in eliminating blood from the donor pool that may be infected with HIV. In fact, the test errs on the side of "false-positive" readings, since only about 30% of blood that tests positive on the initial ELISA test is confirmed positive through a more specific test known as Western Blot. All blood that tests positive on the initial screening test is removed from the transfusion pool.

Why doesn't the State designate special hospitals and nursing homes to care for AIDS patients to ensure they receive appropriate, non-discriminatory care and to protect health care workers?

Medical care should be provided at the health facility of choice of the patient or at the institution best equipped to provide the necessary treatment. There is no evidence that AIDS patients pose any risk to other patients at a hospital or nursing home, and health care workers are not at special risk if they observe safety guidelines to minimize exposure to blood and other body fluids.

Who pays for treatment of people with AIDS?

Care for AIDS patients is paid for by the same means as all medical care: the government (Medicaid and Medicare); insurance companies, and individuals.

Does insurance cover AIDS?

In most cases, insurance does cover AIDS medical treatment, though most policies have maximum allowances. Other types of care, such as out-of-hospital nursing care or home care, are not necessarily covered.

Where are AIDS patients treated?

AIDS patients are treated in hospitals, physician's offices, clinics or other health care settings, just like any other patient. There is no evidence that AIDS patients pose a risk to other patients or to health care workers who follow recommended safety precautions.

What can an individual do to appease public paranoia (i.e. parents, neighbors, friends, relatives)?

Some people just don't want to hear facts or truth about AIDS. The best thing you, yourself, can do is learn all you can about AIDS. There are a lot of facts that have been established. Learn them, know them and share them. You can't force another person to hear what you're saying, but perhaps persistence will work in some cases. Recognize the fears of another and do your best to dispel them. It may take more than a few times to make any inroads with a person who is resistant to the information.

Can you be fired because you have AIDS?

Some employers are reportedly discriminating against AIDS patients in spite of continued advice from public health officials that there is no reason to

exclude AIDS patients from employment as long as they feel well enough to work.

Can a person with AIDS get Social Security Disability (SSD)?

Eligibility for SSD is based on two criteria: a person's "insured status" and documentation of his/her disability. "Insured status" is determined by the length of time a person has paid into the Social Security system, measured in quarters (four quarters per year). The decision of what qualifies as a disability is made by the state, based on information supplied by one's physician. A diagnosis of AIDS is automatic qualification for disability under Social Security guidelines.

Should people who have AIDS be banned from working in banks, restaurants and other people-contact jobs?

There have been no cases of AIDS that are suspected of having been transmitted through casual contact or through the air, food or water. If a person with AIDS is well enough to work, he/she should be allowed to do so unless the work environment poses a risk of potential direct blood to blood contact with other individuals.

How is hepatitis B spread?

Hepatitis B virus can be found in the blood and to a lesser extent, saliva, semen, and other body fluids of an infected person. It is spread by direct contact with infected body fluids; usually by needle stick injury or sexual contact. Hepatitis B virus is not spread by casual contact.

What are the symptoms of hepatitis B?

The symptoms of hepatitis B include fatigue, poor appetite, fever, vomiting, and occasionally joint pain, hives, or rash. Urine may become darker in color, and then jaundice (a yellowing of the skin and whites of the eyes) may appear. Some individuals may experience few or no symptoms.

How soon do symptoms appear?

The symptoms may appear two to six months after exposure, but usually within three months.

For how long is a person able to spread the virus?

The virus can be found in blood and other body fluids several weeks before symptoms appear and generally persist for several months afterward. Approximately 10 percent of infected people may become long-term carriers of the virus.

Who must be offered the hepatitis B vaccination?

The hepatitis B vaccination series must be made available to all employees who have occupational exposure. The employer does not have to make the hepatitis B vaccination available to employees who have previously received the vaccination series, who are already immune as their

antibody tests reveal, or who are prohibited from receiving the vaccine for medical reasons.

What information must the employer provide to the healthcare professional following an exposure incident?

The healthcare professional must be provided with a copy of the standard, as well as the following information:

- A description of the employee's duties as they relate to the exposure incident.
- Documentation of the route(s) and circumstances of the exposure.
- The result of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain.

What serological testing must be done on the source individual?

The employer must identify and document the source individual if known, unless the employer can establish that identification is not feasible or is prohibited by state or local law. The source individual's blood must be tested as soon as feasible after consent is obtained, in order to determine HIV and HBV infectivity. The information on the source individual's HIV and HBV testing must be provided to the evaluating health care professional. Also, the results of the testing must be provided to the exposed employee. The exposed employee must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

What if consent cannot be obtained from the source individual?

If consent cannot be obtained and is required by state law, the employer must document in writing that consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood if available shall be tested and the results documented.

When is the exposed employee's blood tested?

After consent is obtained, the exposed employee's blood is collected and tested as soon as feasible for HIV and HBV serological status. If the employee consents to the follow-up evaluation after an exposure incident, but does not give consent for HIV serological testing, the blood sample must be preserved for 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested for HIV, testing must be done as soon as feasible.

What information does the health care professional provide to the employer following an exposure incident?

The employer must obtain and provide to the employee a copy of the evaluating health care professional's written opinion within 15 days of completion of

the evaluation. The health care professional's written opinion for hepatitis B is limited to whether hepatitis B vaccination is indicated and if the employee received the vaccination. The written opinion for post-exposure evaluation must include information that the employee has been informed of the results of the evaluation, and told about any medical conditions resulting from exposure that may further require evaluation and treatment. All other findings or diagnoses must be kept confidential and not included in the written report.

What type of counseling is required following an exposure incident?

The standard requires that post-exposure counseling be given to employees following an exposure incident. Counseling should include U.S. Public Health Service recommendations for transmission and prevention of HIV. These recommendations include refraining from blood, semen, or organ donation; abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse, and refraining from breast feeding infants during the follow-up period. In addition, counseling must be made available regardless of the employee's decision to accept serological testing.

What information about exposure incidents is recorded on the OSHA 200 log?

All occupational bloodborne pathogens exposure incidents, (e.g., needle sticks, lacerations, splashes), must be recorded on the OSHA 200 log as an injury if the incident results in one of the following:

- The incident is work-related and involves the loss of consciousness, a transfer to another job, or restriction of work or motion.
- The incident results in a recommendation of medical treatment, (e.g., hepatitis B immune globulin, hepatitis B vaccine, or zidovudine).
- The incident results in a diagnosis of seroconversion. The serological status of the employee is not recorded on the OSHA 200 log. If a case of seroconversion is known, it is recorded on the 200 as an injury, (e.g., "needle stick"), rather than "seroconversion."

Appendix B

Sample SOP

Standing Operating Procedure (SOP)
Incidental Exposure to Bloodborne Pathogens
(organization)

1. This SOP covers incidental exposure to bloodborne pathogens in the general workplace. It is not intended for use by healthcare providers or within the classroom when dealing with the training of individuals who inherently will be exposed to blood and other potentially infectious material (OPIM).

2. It is the policy of the (organization) not to provide CPR to a victim.

(Note: If an organization decides to allow CPR to be provided, specific procedures must be developed to cover the potential exposure. The Department of Nursing, CPR Training, at BAMC, and the Preventive Service will provide assistance in the development.)

3. If an accident or injury occurs, perform the following:

- a. Immediately call 911.
- b. Notify the supervisor.
- c. Provide assistance, as appropriate, without contacting blood or OPIM.
- d. Have someone wait at the Response Team's approach area to direct the team to the victim.

4. If a small amount (less than 500 cc/1 pint) of blood or OPIM is present after the victim is treated or taken for further medical treatment, the following should be followed:

- a. Notify the trained voluntary clean-up individual/team - (name or names).
- b. The individual or team will obtain the blood spill clean-up kit that is located at (location).
- c. Personal Protective Equipment will be donned prior to proceeding with the clean up. This consists of (list the PPE your organization requires).
- d. Use the absorbing material to soak up the blood or OPIM.
- e. Place the absorbing material into the medical regulated waste container (red bag).
- f. Use the household bleach mixed with water to disinfect the area.

(1) The bleach is located at the (location).

- (2) The container for mixing is located at the (location).
- (3) Mix approximately 2 ounces of bleach with 20 ounces of water.
- (4) Wet wipe the area thoroughly.

g. Place the disinfecting material (rag, towel, etc.) into the medical regulated waste container.

h. Deliver the medical regulated waste to the Troop Medical Clinic, building 1279, if on the FSH property and do not drive on any public roads. If you are on the BAMC site, deliver the waste to the Hospital, Housekeeping Section, Logistics Division, lower level. The point of contact is Mr. Dennis Kemp (916-4993).

5. If a large amount (greater than 500 cc/1 pint) of blood or OPIM is present after the victim is treated or taken for further medical treatment, Fire and Emergency Services should be contacted.

6. Notify the supervisor to replenish the blood spill clean-up kit.

